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CONFIRMATION NO. 1455

<b>SERIAL NUMBER</b> 10/560,181	<b>FILING or 371(c) DATE</b> 12/09/2005 <b>RULE</b>	<b>CLASS</b> 602	<b>GROUP ART UNIT</b> 1619	<b>ATTORNEY DOCKET NO.</b> P70948US0		
<b>APPLICANTS</b> Gitte Juel Friis, Hoersholm, DENMARK; Truels Sterm Larsen, Frederiksberg, DENMARK; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DK04/00427 06/18/2004 <b>** FOREIGN APPLICATIONS *****</b> DENMARK PA 2003 00920 06/19/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 11/01/2006						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SHANON A FOLEY/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. SUITE 600 WASHINGTON, DC 20004 UNITED STATES						
<b>TITLE</b> Wound care device						
<b>FILING FEE RECEIVED</b> 1350	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		